Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-3-07</u>	Address:	11788 LINCOLNWAY
Case #:	24F28280		OSCEOLA, IN 46561
County:	ST. JOSEPH		<u>οροιλομή, εξί 40,301</u>
Type of Laboratory Seizure (check one)		Seizure Location (c	heck all that annly)
Operation Chemic Dumpsi	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): UPSTAIRS			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>UPSTAIRS AND KUCHEN</u>			
Water Reactive Metal (Lithium): <u>UPSTAIRS</u>			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): YARD			
Corrosive Acid:			
Corrosive Base: UPSTAIRS			
Other (item and location):			
	-		
Child under age 18 discovered (check one) ☐ Yes 3 (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
	ent: <u>PENN TOWNSHIP</u>	Fax: <u>574-255</u>	_
Health Department: <u>ST. JOSEPH</u>		Fax: <u>574 235</u>	<u>-9960</u>
Child Protect:	ion Service: ST, JOSEPH	Fax: <u>574-236</u>	<u>-5400</u>
For further information regarding this methamphetamine laboratory, contact fuvestigating Officer: JASON FAULSTICH Phone 1-800-552-2959			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case lile, and a copy sent to the Clandestine Laboratory Team Leader for retention,